

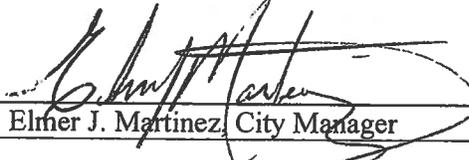
CITY OF LAS VEGAS  
ADMINISTRATIVE REGULATIONS



**SUBJECT: Exposure Control Plan (Bloodborne Pathogen)**

ADMINISTRATIVE NUMBER A13-215
REVISION: September 1, 2015
SUPERCEDES: All
EFFECTIVE DATE: March 5, 2013
PAGE 1

**APPROVED BY:**

  
Elmer J. Martinez, City Manager

- I. **PURPOSE:** The purpose of this Administrative Regulation is to establish a policy for exposure control.
- II. **OBJECTIVE:** To objective of this exposure control plan is to eliminate or minimize employee occupational exposure to human blood or other infectious body fluids.
- III. **SUMMARY:** It is the policy of the City of Las Vegas to provide an effective plan to educate and raise awareness of Bloodborne Pathogen hazards, and establish methods on how to prevent contamination. This plan shall be reviewed and updated at least annually and as needed, to reflect any changes.
- IV. **ATTACHMENTS:** See Attached.

## TABLE OF CONTENTS

I. Purpose and Policy

II. Definitions

III. Job Classification and Descriptions

IV. Methods of Compliance

A. General

B. Engineering and Work Practice Controls

C. Personal Protective Equipment

D. Housekeeping

E. Regulated Waste

F. Record Keeping

V. Vaccination

VI. Post Exposure Evaluation and Follow-up

VII. Communication of Hazards to Employees

A. Labels and Signs

B. Employee Information and Training

Appendix I - 29 CFR 1910.1030 Bloodborne Pathogens Standard

Appendix II- 29 CFR 1910.1020 Medical Records

Appendix III- Hepatitis B Vaccine Acceptance/Declination Form

## EXPOSURE CONTROL PLAN

### I. PURPOSE AND POLICY

The purpose of the Exposure Control Plan for this facility is to implement the requirements of OSHA Standard 29 CFR 1910.1030 Bloodborne Pathogens, and thereby reduce the risk of Employee infection with bloodborne pathogens such as, but not limited to, Hepatitis A Virus (HAV), Hepatitis B Virus (HBV) and Hepatitis C (HCV), and Human Immunodeficiency Virus (HIV) which results in the disease commonly known as AIDS. The OSHA standard is included as Appendix I of this plan. This plan shall be reviewed and updated at least annually and as needed, to reflect any changes.

The policy of this facility is that employees shall adhere to universal precautions. Universal precautions is an approach to infection control. According to this concept, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, HCV and other bloodborne pathogens.

A copy of the exposure control plan and Standard 29 CFR 1910.1030 Bloodborne Pathogens will be kept in each department that has exposure to bloodborne pathogens and available to all employees at all times.

### II. DEFINITIONS

**Appropriate Personal Protective Equipment:** Means that it does not permit blood or other potential infectious materials to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used see (1910.1030 (d) (3) (I)) in Appendix I.

**Bloodborne Diseases or Pathogens:** Diseases that are generally spread through blood to blood contact.

**Contaminated:** Means the presence or reasonably anticipated presence of blood or other potentially infectious material on an item or surface.

**Decontamination:** Means the use of physical or chemical means to remove, inactivate or destroy Bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface of the item is rendered safe for handling, use or disposal.

**Exposure Control Officer:** The Safety Officer and the immediate Department Director.

**Exposure Incident:** Means a specific eye, mouth, other mucous membrane, non-intact skin, or other parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

**Mode of Transmission:** Needle Sticks, Splashes, Wastewater, etc.

**Occupational Exposure:** Means reasonably anticipated skin, eye, mucous, membrane or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

**Other Potentially Infectious Materials (OPIM):**

1. The following human body fluids: Semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids where it is difficult or impossible to differentiate between fluids;
2. Any unfixed tissue or organ (other than intact skin) from a human (living or dead);
3. HIV containing cell or tissue cultures, organ cultures, and HIV or HBV containing culture medium or other solutions; and blood or other tissues from experimental animal infected with HIV or HBV.

**Parenteral:** Means piercing mucus membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.

**Regulated Waste:** Means liquid or semi-liquid blood or other potentially infectious materials, contaminated items that could release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed, items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling, contaminated sharps, pathological and microbiological wastes containing blood or other potentially infectious materials.

**Sharps:** Any contaminated object that can penetrate the skin including but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

**Work Practice Controls:** Means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g. prohibiting recapping of needle by a two hand technique).

For definitions of other terms used in this exposure control plan, see 1910.1030 (b) Definitions in Appendix I.

### **III. DEPARTMENTS/DIVISIONS & JOB TITLES**

The exposure determinations have been made without regard to the use of personal protective equipment.

JOB CLASSIFICATIONS IN WHICH "ALL" EMPLOYEES HAVE BEEN IDENTIFIED AS HAVING OCCUPATIONAL EXPOSURE:

#### **EXECUTIVE**

Safety Officer

**HUMAN RESOURCE**

Risk Management & Benefits Coordinator  
Personnel Officer

**POLICE DEPARTMENT**

Enforcement Services Specialist  
Enforcement Services Supervisor  
Evidence Tech  
Custodian  
Officer (to include investigator)  
Sergeant  
Lieutenant  
Commander  
Deputy Chief  
Chief of Police

**FIRE DEPARTMENT**

Firefighter I /EMT B  
Engineer I/EMT B  
Engineer II/EMT B  
Lieutenant  
Shift Commander  
Fire Chief

**WATER DIVISION**

All Water department field positions

**WASTE WATER DIVISION**

All Waste Water Collection field positions  
All Waste Water Treatment Plant positions

## **SOLID WASTE**

Maintenance Worker  
Packer Operator/Mechanic  
Packer Operator I, II, III  
KAB Coordinator  
Transfer Station Operator  
Solid Waste Supervisor  
Recycling Coordinator  
Transfer Station and Recycling Facility Administrative Supervisor  
Solid Waste Manager

## **RECREATION**

Maintenance Worker  
Parks Supervisor  
Life Guard I, II  
Lifeguard Shift Supervisor  
Recreation Leader  
Recreation Control Clerk  
Maintenance Worker  
Wellness Exercise Technician  
Youth Coordinator  
Financial Specialist  
Administrative Assistant  
Assistant Recreation Manager  
Recreation Manager

## **PUBLIC FACILITIES**

Custodian  
Maintenance Worker  
Electrician  
Facilities Supervisor

Project Manager  
Project Inspector  
Public Works Director

**PARKS**

Maintenance Worker  
Parks Supervisor

**CARNEGIE LIBRARY**

Maintenance Worker

**SENIOR CENTER**

Driver  
Assistant Cook  
Cook  
Assessment Coordinator  
Maintenance Tech II  
Event Coordinator  
Custodian  
Assistant Senior Center Manager  
Senior Center Manager

This list of titles may change as job responsibilities change or as new jobs are added or deleted to the City of Las Vegas organizational chart.

**IV. METHODS OF COMPLIANCE**

**A. General**

1. Universal precautions shall be observed to prevent contact with blood or other potentially infectious materials.
2. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

3. Each department of the City of Las Vegas is responsible for ensuring the employees, identified as having occupational exposure, are knowledgeable of this plan, are properly trained at the time of initial assignment, and at least annually, in the proper methods of avoiding exposure and contamination from human blood and certain body fluids (see section III of this plan).
4. Once the employee has been trained, the employee must act in a responsible manner when dealing with situations that are addressed in this policy.

#### **B. Engineering and Work Practice Controls**

1. Employees shall wash their hands immediately or as soon as possible after removal of gloves or other personal protective equipment and after hand contact with blood or other potentially infectious materials. If hand washing facilities are not immediately available, employees shall use antiseptic hand cleaner or towelettes and shall wash hands with soap and water as soon as feasible.
2. All personal protective equipment shall be removed immediately upon leaving the work area or as soon as possible if overtly contaminated and placed in an appropriately labeled and designated area or container for storage, washing, decontamination or disposal.
3. All clothing which has come in contact with blood or other potentially infectious material shall be removed immediately or as soon as possible or feasible and the employee will:
  - a. Wash that body area with soap and water.
  - b. Place contaminated clothing in the provided bio hazard bag and handle according to Departmental procedures.
  - c. Employees are not responsible for laundering contaminated laundry.
4. Used needles shall not be shared, bent, broken, recapped or removed by hand. Any exception must comply with 29 CFR 1910.1030 (d) (2) (vii).
5. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood for occupational exposure.
6. Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on

counters or bench tops where or anywhere else where blood or other potentially infectious materials have a potential to be present.

7. All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, splattering, and generation of droplets.

8. Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited. (In the event of a snake bite seek medical attention immediately. Snake bite kits shall be used only if properly trained).

9. Specimens of blood or other potentially infectious materials shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport or shipping.

- a. The container for storage, transport or shipping shall be closed and labeled or color coded according to **paragraph VII, A** of this plan.
- b. If outside contamination of the primary container occurs, it shall be placed within a second container which prevents leakage during handling, processing, storage, transport or shipping. The second container shall be labeled or color coded according to **paragraph VII, A** of this plan.
- c. If the specimen could puncture the primary container, it shall be placed in a puncture resistant second container meeting the characteristics of the above paragraph.

10. Equipment which may become contaminated with blood or other potentially infectious material shall be decontaminated as necessary unless decontamination is not feasible.

- a. Contaminated equipment shall be labeled according to requirements in **paragraph VII, A** of this plan and shall state which portions remain contaminated.
- b. It is the responsibility of the City of Las Vegas to notify all affected employees, the servicing representative and/or manufacturer as appropriate prior to handling, servicing or shipping of contaminated equipment so that appropriate precautions can be taken.

### **C. Personal Protective Equipment**

1. When there is occupational exposure, employees will be provided with and shall use

appropriate personal protective equipment such as: Gloves, aprons, lab coats, head and foot coverings, face shields, or masks and eye protection; and mouthpieces, resuscitation bags, pocket masks or other ventilation devices. The appropriate personal protective equipment shall be discussed with each employee and shall be required based upon the tasks involved and the hazards of the job duty. The equipment shall be readily accessible.

2. Appropriate personal protective equipment in the appropriate sizes will be provided at the work site. If deemed appropriate, non-disposable multi-use equipment may be assigned to individual employees.

3. Cleaning, laundering, or disposal of personal protective equipment will be provided by employer without cost to employees.

4. When necessary, issued personal protective equipment will be repaired or replaced by the City of Las Vegas. Employees must notify their supervisor when the equipment needs repairing or replacing.

5. Gloves: Gloves shall be worn when it can reasonably be anticipated for the hands to have contact with blood, other potentially infectious materials, mucous membranes, non-intact skin and when touching or handling contaminated items or surfaces.

a. Disposable (single use) gloves, such as surgical or examination gloves, shall be replaced as soon as possible when contaminated, torn, punctured or when their ability to function as a barrier is compromised. Disposable gloves shall not be washed or disinfected for re-use.

b. Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised, however they must be discarded if they are cracked, peeling, torn, punctured or exhibit other signs of deterioration, or when their ability to function as a barrier is compromised.

c. Gloves shall be worn when performing vascular access procedures except as specified in 1910.1030(d)(3)(ix)(D) of Appendix I.

6. Masks and eye protection or chin length face shields shall be worn whenever splashes, spray, spatter, droplets or aerosols of blood or other potentially infectious materials may be generated and eye, nose or mouth contamination can be reasonably anticipated.

7. Gowns, aprons, and other protective body clothing: Appropriate protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets or similar outer garments shall be worn in occupational exposure situations. The type and characteristics will depend upon the task and degrees of exposure anticipated.

8. Surgical caps or hoods and/or shoe covers shall be worn in instances when gross contamination can be anticipated (i.e., homicide investigation scenes.)

#### **D. Housekeeping**

The work site is to be maintained in clean and sanitary condition. Each department will determine and implement the appropriate written schedule for cleaning and method of decontamination based upon the location within this facility, type of surface to be clean, type of soil present, and tasks and procedures being performed in the area.

1. Cleaning and disinfection: All equipment and environmental working surfaces shall be properly cleaned and decontaminated after contact with blood or other potentially infectious materials.

a. Work surfaces shall be decontaminated with a 1 part bleach to 10 parts water solution or another approved antiviral disinfectant after completion of procedures; whenever surfaces are overtly contaminated; immediately or as soon as feasible and as scheduled; after any spill of blood or other potentially infectious materials; and at the end of the work shift if contaminated since the last cleaning.

b. Protective coverings such as plastic wrap, aluminum foil or imperviously backed absorbent paper may be used to cover equipment and environmental surfaces. These covering shall be removed and replaced at the end of the work shift or when they become overtly contaminated.

c. All bins, cans and similar receptacles intended for re-use which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as possible upon visible contamination.

d. Broken glassware which may be contaminated shall not be picked up directly

with the hands. It shall be cleaned up using mechanical means such a brush and dust pan, tongs or litter grippers and deposited directly into an approved sharp container.

## **E. Regulated Waste**

### **a. Contaminated Sharps:**

- (i). Contaminated sharps shall be discarded immediately or as soon as feasible in close able, puncture resistant, leak proof (on sides and bottom) containers. The container shall be labeled in accordance with this plan.
- (ii). Contaminated sharps containers shall be easily accessible to employees and located as close as feasible to the immediate area where sharps are used or can reasonably anticipated to be found.
- (iii). Contaminated sharps containers shall be kept upright throughout use and not allowed to over fill.
- (iv). If leakage is possible, contaminated sharps containers shall be placed in a close able, appropriately labeled container constructed to contain all contents and prevent leakage.

## **F. Record Keeping**

### **a. Medical Records**

- (i). The employer shall establish and maintain an accurate record for each employee with occupational exposure, in accordance with 29 CFR 1910.1020.
- (ii). This record shall include:
  - A. Then name and social security number of the employee;
  - B. A copy of the employee's hepatitis B vaccination status including the dates of all the hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination as required by paragraph (f)(2);
  - C. A copy of all results of examinations, medical testing, and followup procedures as required by paragraph (f)(3);
  - D. The employer's copy of the healthcare professional's written opinion as required by paragraph (f)(5); and
  - E. A copy of the information provided to the healthcare professional

as required by paragraphs (f)(4)(ii)(B)(C) and (D).

(iii). Confidentiality. The employer shall ensure that employee medical records required by paragraph (h)(1) are:

b. Kept confidential; and

c. Not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by this section or as may be required by law.

(iv). The employer shall maintain the records required by paragraph (h) for at least the duration of employment plus 30 years in accordance with 29 CFR 1910.1020.

## **V. VACCINATIONS**

A. Hepatitis B vaccination shall be made available to all employees with occupational exposure at no cost to the employee according to the requirements and procedures specified in 1910.1030 (f) in Appendix I of this plan. Any employee refusing vaccination must sign a release found in Appendix III. Which will be kept in his/her medical record. If the employee later changes his/her mind and still has occupational exposure, the vaccination will be provided at no cost to the employee.

B. Vaccination will also be made available to the employee, if exposure incident occurs and the medical provider determines it is necessary, using current U. S. Public Health Service guidelines.

## **VI. POST EXPOSURE:**

A. Post exposure evaluation and follow-up shall be made immediately available following the report of an exposure incident as defined in Section II, and shall follow the procedures and requirements of 1910.1030 (f) (1) through (6) in Appendix I of this plan.

1. Post Exposure evaluation will be done by the Department Director and the Exposure Control Officer will be notified immediately.

2. The exposure control officer will receive the medical providers written report and insure the employee receives a copy of the report.

3. The exposure control officer shall document the;

- a. Routes of exposure and circumstances of the exposure incident.
  - b. Identification and documentation of source individual.
4. Source individual blood shall be tested as soon as feasible according to 1910.1030 (F)(3)(ii)(a).
  5. 1910.1030(f)(3)(ii)(c)
  6. The Medical Provider will provide post exposure prophylaxis when medically indicated as recommended by the US Department of Public Health Service and counseling will be provided by Medical Provider.

## **VII. COMMUNICATION OF HAZARDS TO EMPLOYEES**

### **A. Labels and Signs**

1. Warning labels shall be affixed to containers of regulated waste, containing blood or other potentially infectious material.
2. Labels shall include the following legend:



### **BIOHAZARD**

3. Labels shall be fluorescent orange or orange red with lettering or symbols in a contrasting color.
4. Labels shall be affixed as close as possible to the container by string, wire, adhesive or other method to prevent their loss or unintentional removal.
5. Red bags or red containers may be substituted for labels.
6. Individual containers of blood or other potentially infectious materials that are placed in a labeled container during storage, shipping, transport or disposal are exempt from the labeling requirement.

7. Labels required for contaminated equipment shall state which portion of the equipment is contaminated.

## **B. Employee Information and Training**

1. All employees identified as having occupational exposure and potential occupational exposure as determined in Section III will participate in a training program.
2. Employees will be trained at the time of initial assignment to tasks where occupational exposure may occur and at least annually thereafter.
3. Additional training shall occur when changes such as modification of tasks or procedures or when new tasks or procedures may affect employees occupational exposure.
4. At a minimum, the training for employees with occupational exposure will include:
  - a. The location of an accessible copy of OSHA's Bloodborne Pathogen Standard 1910.1030 and an explanation of its contents.
  - b. A general explanation of the epidemiology(signs) and symptoms of bloodborne disease.
  - c. An explanation of the modes of transmission of bloodborne disease.(e.g. needle sticks, splashes, wastewater)
  - d. An explanation of this Exposure Control Plan and the location where an easily accessible copy will be kept.
  - e. An explanation of methods employees may use to recognize tasks that may involve occupational exposure.
  - f. An explanation of the methods and their limitations that will present or reduce occupational exposure.
  - g. Information on the selection, limitations, locations, decontamination and proper disposal of personal protective equipment.
  - h. Information on Hepatitis B, including information on its effectiveness, safety, method of administration, benefits of vaccination, and that vaccine will be administered without cost to the employee, as

well as information regarding HIV.

i. Information on appropriate actions and the person to contact in the event of an emergency involving blood or other potentially infectious materials.

j. An explanation of proper procedures to follow if an exposure incident occurs, including reporting procedures and the medical follow-up that will be made available.

k. Information on post exposure follow-up that the employer is required to provide.

l. An explanation of the labels and/or color coding system by Department.

m. An opportunity for the employee to ask follow-up questions and obtain answers during the training.

5. This record will be maintained for a minimum 3 years.

Appendix I –  
29 CFR 1910.1030 Bloodborne Pathogens Standard

**1910.1030(a)**

*Scope and Application.* This section applies to all occupational exposure to blood or other potentially infectious materials as defined by paragraph (b) of this section.

**1910.1030(b)**

*Definitions.* For purposes of this section, the following shall apply:

*Assistant Secretary* means the Assistant Secretary of Labor for Occupational Safety and Health, or designated representative.

*Blood* means human blood, human blood components, and products made from human blood.

*Bloodborne Pathogens* means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

*Clinical Laboratory* means a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

*Contaminated* means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

*Contaminated Laundry* means laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

*Contaminated Sharps* means any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

*Decontamination* means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

*Director* means the Director of the National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services, or designated representative.

*Engineering Controls* means controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the bloodborne pathogens hazard from the workplace.

*Exposure Incident* means a specific eye, mouth, other mucous membrane, non-intact skin, or

parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

*Handwashing Facilities* means a facility providing an adequate supply of running potable water, soap, and single-use towels or air-drying machines.

*Licensed Healthcare Professional* is a person whose legally permitted scope of practice allows him or her to independently perform the activities required by paragraph (f) Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.

*HBV* means hepatitis B virus.

*HIV* means human immunodeficiency virus.

*Needleless systems* means a device that does not use needles for:

(1) The collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established; (2) The administration of medication or fluids; or (3) Any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.

*Occupational Exposure* means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

*Other Potentially Infectious Materials* means (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

*Parenteral* means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

*Personal Protective Equipment* is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

*Production Facility* means a facility engaged in industrial-scale, large-volume or high concentration production of HIV or HBV.

*Regulated Waste* means liquid or semi-liquid blood or other potentially infectious materials;

contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

*Research Laboratory* means a laboratory producing or using research-laboratory-scale amounts of HIV or HBV. Research laboratories may produce high concentrations of HIV or HBV but not in the volume found in production facilities.

*Sharps with engineered sharps injury protections* means a nonneedle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.

*Source Individual* means any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

*Sterilize* means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

*Universal Precautions* is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

*Work Practice Controls* means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

**1910.1030(c)**

*Exposure Control --*

**1910.1030(c)(1)**

*Exposure Control Plan.*

**1910.1030(c)(1)(i)**

Each employer having an employee(s) with occupational exposure as defined by paragraph (b) of this section shall establish a written Exposure Control Plan designed to eliminate or minimize employee exposure.

**1910.1030(c)(1)(ii)**

The Exposure Control Plan shall contain at least the following elements:

**1910.1030(c)(1)(ii)(A)**

The exposure determination required by paragraph (c)(2),

**1910.1030(c)(1)(ii)(B)**

The schedule and method of implementation for paragraphs (d) Methods of Compliance, (e) HIV and HBV Research Laboratories and Production Facilities, (f) Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-up, (g) Communication of Hazards to Employees, and (h) Recordkeeping, of this standard, and

**1910.1030(c)(1)(ii)(C)**

The procedure for the evaluation of circumstances surrounding exposure incidents as required by paragraph (f)(3)(i) of this standard.

**1910.1030(c)(1)(iii)**

Each employer shall ensure that a copy of the Exposure Control Plan is accessible to employees in accordance with 29 CFR 1910.1020(e).

**1910.1030(c)(1)(iv)**

The Exposure Control Plan shall be reviewed and updated at least annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure. The review and update of such plans shall also:

**1910.1030(c)(1)(iv)(A)**

Reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens; and

**1910.1030(c)(1)(iv)(B)**

Document annually consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure.

**1910.1030(c)(1)(v)**

An employer, who is required to establish an Exposure Control Plan shall solicit input from non-managerial employees responsible for direct patient care who are potentially exposed to injuries from contaminated sharps in the identification, evaluation, and selection of effective engineering and work practice controls and shall document the solicitation in the Exposure Control Plan.

**1910.1030(c)(1)(vi)**

The Exposure Control Plan shall be made available to the Assistant Secretary and the Director upon request for examination and copying.

**1910.1030(c)(2)**

*Exposure Determination.*

**1910.1030(c)(2)(i)**

Each employer who has an employee(s) with occupational exposure as defined by paragraph (b) of this section shall prepare an exposure determination. This exposure determination shall contain the following:

**1910.1030(c)(2)(i)(A)**

A list of all job classifications in which all employees in those job classifications have occupational exposure;

**1910.1030(c)(2)(i)(B)**

A list of job classifications in which some employees have occupational exposure, and

**1910.1030(c)(2)(i)(C)**

A list of all tasks and procedures or groups of closely related task and procedures in which occupational exposure occurs and that are performed by employees in job classifications listed in accordance with the provisions of paragraph (c)(2)(i)(B) of this standard.

**1910.1030(c)(2)(ii)**

This exposure determination shall be made without regard to the use of personal protective equipment.

**1910.1030(d)**

*Methods of Compliance --*

**1910.1030(d)(1)**

*General.* Universal precautions shall be observed to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

**1910.1030(d)(2)**

*Engineering and Work Practice Controls.*

**1910.1030(d)(2)(i)**

Engineering and work practice controls shall be used to eliminate or minimize employee exposure. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be used.

**1910.1030(d)(2)(ii)**

Engineering controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness.

**1910.1030(d)(2)(iii)**

Employers shall provide handwashing facilities which are readily accessible to employees.

**1910.1030(d)(2)(iv)**

When provision of handwashing facilities is not feasible, the employer shall provide either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.

**1910.1030(d)(2)(v)**

Employers shall ensure that employees wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.

**1910.1030(d)(2)(vi)**

Employers shall ensure that employees wash hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.

**1910.1030(d)(2)(vii)**

Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed except as noted in paragraphs (d)(2)(vii)(A) and (d)(2)(vii)(B) below. Shearing or breaking of contaminated needles is prohibited.

**1910.1030(d)(2)(vii)(A)**

Contaminated needles and other contaminated sharps shall not be bent, recapped or removed unless the employer can demonstrate that no alternative is feasible or that such action is required by a specific medical or dental procedure.

**1910.1030(d)(2)(vii)(B)**

Such bending, recapping or needle removal must be accomplished through the use of a mechanical device or a one-handed technique.

**1910.1030(d)(2)(viii)**

Immediately or as soon as possible after use, contaminated reusable sharps shall be placed in appropriate containers until properly reprocessed. These containers shall be:

**1910.1030(d)(2)(viii)(A)**

Puncture resistant;

**1910.1030(d)(2)(viii)(B)**

Labeled or color-coded in accordance with this standard;

**1910.1030(d)(2)(viii)(C)**

Leakproof on the sides and bottom; and

**1910.1030(d)(2)(viii)(D)**

In accordance with the requirements set forth in paragraph (d)(4)(ii)(E) for reusable sharps.

**1910.1030(d)(2)(ix)**

Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.

**1910.1030(d)(2)(x)**

Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or benchtops where blood or other potentially infectious materials are present.

**1910.1030(d)(2)(xi)**

All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.

**1910.1030(d)(2)(xii)**

Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

**1910.1030(d)(2)(xiii)**

Specimens of blood or other potentially infectious materials shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping.

**1910.1030(d)(2)(xiii)(A)**

The container for storage, transport, or shipping shall be labeled or color-coded according to paragraph (g)(1)(i) and closed prior to being stored, transported, or shipped. When a facility utilizes Universal Precautions in the handling of all specimens, the labeling/color-coding of specimens is not necessary provided containers are recognizable as containing specimens. This exemption only applies while such specimens/containers remain within the facility. Labeling or color-coding in accordance with paragraph (g)(1)(i) is required when such specimens/containers leave the facility.

**1910.1030(d)(2)(xiii)(B)**

If outside contamination of the primary container occurs, the primary container shall be placed within a second container which prevents leakage during handling, processing, storage, transport, or shipping and is labeled or color-coded according to the requirements of this standard.

**1910.1030(d)(2)(xiii)(C)**

If the specimen could puncture the primary container, the primary container shall be placed within a secondary container which is puncture-resistant in addition to the above characteristics.

**1910.1030(d)(2)(xiv)**

Equipment which may become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary, unless the employer can demonstrate that decontamination of such equipment or portions of such equipment is not feasible.

**1910.1030(d)(2)(xiv)(A)**

A readily observable label in accordance with paragraph (g)(1)(i)(H) shall be attached to the equipment stating which portions remain contaminated.

**1910.1030(d)(2)(xiv)(B)**

The employer shall ensure that this information is conveyed to all affected employees, the servicing representative, and/or the manufacturer, as appropriate, prior to handling, servicing, or shipping so that appropriate precautions will be taken.

**1910.1030(d)(3)**

*Personal Protective Equipment --*

**1910.1030(d)(3)(i)**

*Provision.* When there is occupational exposure, the employer shall provide, at no cost to the employee, appropriate personal protective equipment such as, but not limited to, gloves, gowns, laboratory coats, face shields or masks and eye protection, and mouthpieces, resuscitation bags, pocket masks, or other ventilation devices. Personal protective equipment will be considered "appropriate" only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

**1910.1030(d)(3)(ii)**

*Use.* The employer shall ensure that the employee uses appropriate personal protective equipment unless the employer shows that the employee temporarily and briefly declined to use personal protective equipment when, under rare and extraordinary circumstances, it was the employee's professional judgment that in the specific instance its use would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the worker or co-worker. When the employee makes this judgement, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.

**1910.1030(d)(3)(iii)**

*Accessibility.* The employer shall ensure that appropriate personal protective equipment in the appropriate sizes is readily accessible at the worksite or is issued to employees. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

**1910.1030(d)(3)(iv)**

*Cleaning, Laundering, and Disposal.* The employer shall clean, launder, and dispose of personal protective equipment required by paragraphs (d) and (e) of this standard, at no cost to the employee.

**1910.1030(d)(3)(v)**

*Repair and Replacement.* The employer shall repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the employee.

**1910.1030(d)(3)(vi)**

If a garment(s) is penetrated by blood or other potentially infectious materials, the garment(s) shall be removed immediately or as soon as feasible.

**1910.1030(d)(3)(vii)**

All personal protective equipment shall be removed prior to leaving the work area.

**1910.1030(d)(3)(viii)**

When personal protective equipment is removed it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

**1910.1030(d)(3)(ix)**

*Gloves.* Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-

intact skin; when performing vascular access procedures except as specified in paragraph (d)(3)(ix)(D); and when handling or touching contaminated items or surfaces.

**1910.1030(d)(3)(ix)(A)**

Disposable (single use) gloves such as surgical or examination gloves, shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.

**1910.1030(d)(3)(ix)(B)**

Disposable (single use) gloves shall not be washed or decontaminated for re-use.

**1910.1030(d)(3)(ix)(C)**

Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

**1910.1030(d)(3)(ix)(D)**

If an employer in a volunteer blood donation center judges that routine gloving for all phlebotomies is not necessary then the employer shall:

**1910.1030(d)(3)(ix)(D)(1)**

Periodically reevaluate this policy;

**1910.1030(d)(3)(ix)(D)(2)**

Make gloves available to all employees who wish to use them for phlebotomy;

**1910.1030(d)(3)(ix)(D)(3)**

Not discourage the use of gloves for phlebotomy; and

**1910.1030(d)(3)(ix)(D)(4)**

Require that gloves be used for phlebotomy in the following circumstances:

**1910.1030(d)(3)(ix)(D)(4)(i)**

When the employee has cuts, scratches, or other breaks in his or her skin;

**1910.1030(d)(3)(ix)(D)(4)(ii)**

When the employee judges that hand contamination with blood may occur, for example, when performing phlebotomy on an uncooperative source individual; and

**1910.1030(d)(3)(ix)(D)(4)(iii)**

When the employee is receiving training in phlebotomy.

**1910.1030(d)(3)(x)**

*Masks, Eye Protection, and Face Shields.* Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, shall be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

**1910.1030(d)(3)(xi)**

*Gowns, Aprons, and Other Protective Body Clothing.* Appropriate protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets, or similar outer garments shall be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated.

**1910.1030(d)(3)(xii)**

Surgical caps or hoods and/or shoe covers or boots shall be worn in instances when gross contamination can reasonably be anticipated (e.g., autopsies, orthopaedic surgery).

**1910.1030(d)(4)**

*Housekeeping --*

**1910.1030(d)(4)(i)**

*General.* Employers shall ensure that the worksite is maintained in a clean and sanitary condition. The employer shall determine and implement an appropriate written schedule for cleaning and method of decontamination based upon the location within the facility, type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area.

**1910.1030(d)(4)(ii)**

All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.

**1910.1030(d)(4)(ii)(A)**

Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures; immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials; and at the end of the work shift if the surface may have become contaminated since the last cleaning.

**1910.1030(d)(4)(ii)(B)**

Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the workshift if they may have become contaminated during the shift.

**1910.1030(d)(4)(ii)(C)**

All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.

**1910.1030(d)(4)(ii)(D)**

Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dust pan, tongs, or forceps.

**1910.1030(d)(4)(ii)(E)**

Reusable sharps that are contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.

**1910.1030(d)(4)(iii)**

*Regulated Waste --*

**1910.1030(d)(4)(iii)(A)**

*Contaminated Sharps Discarding and Containment.*

**1910.1030(d)(4)(iii)(A)(1)**

Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are:

**1910.1030(d)(4)(iii)(A)(1)(i)**

Closable;

**1910.1030(d)(4)(iii)(A)(1)(ii)**

Puncture resistant;

**1910.1030(d)(4)(iii)(A)(1)(iii)**

Leakproof on sides and bottom; and

**1910.1030(d)(4)(iii)(A)(1)(iv)**

Labeled or color-coded in accordance with paragraph (g)(1)(i) of this standard.

**1910.1030(d)(4)(iii)(A)(2)**

During use, containers for contaminated sharps shall be:

**1910.1030(d)(4)(iii)(A)(2)(i)**

Easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found (e.g., laundries);

**1910.1030(d)(4)(iii)(A)(2)(ii)**

Maintained upright throughout use; and

**1910.1030(d)(4)(iii)(A)(2)(iii)**

Replaced routinely and not be allowed to overfill.

**1910.1030(d)(4)(iii)(A)(3)**

When moving containers of contaminated sharps from the area of use, the containers shall be:

**1910.1030(d)(4)(iii)(A)(3)(i)**

Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping;

**1910.1030(d)(4)(iii)(A)(3)(ii)**

Placed in a secondary container if leakage is possible. The second container shall be:

**1910.1030(d)(4)(iii)(A)(3)(ii)(A)**

Closable;

**1910.1030(d)(4)(iii)(A)(3)(ii)(B)**

Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping; and

**1910.1030(d)(4)(iii)(A)(3)(ii)(C)**

Labeled or color-coded according to paragraph (g)(1)(i) of this standard.

**1910.1030(d)(4)(iii)(A)(4)**

Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of percutaneous injury.

**1910.1030(d)(4)(iii)(B)**

*Other Regulated Waste Containment --*

**1910.1030(d)(4)(iii)(B)(1)**

Regulated waste shall be placed in containers which are:

**1910.1030(d)(4)(iii)(B)(1)(i)**

Closable;

**1910.1030(d)(4)(iii)(B)(1)(ii)**

Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;

**1910.1030(d)(4)(iii)(B)(1)(iii)**

Labeled or color-coded in accordance with paragraph (g)(1)(i) this standard; and

**1910.1030(d)(4)(iii)(B)(1)(iv)**

Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

**1910.1030(d)(4)(iii)(B)(2)**

If outside contamination of the regulated waste container occurs, it shall be placed in a second container. The second container shall be:

**1910.1030(d)(4)(iii)(B)(2)(i)**

Closable;

**1910.1030(d)(4)(iii)(B)(2)(ii)**

Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;

**1910.1030(d)(4)(iii)(B)(2)(iii)**

Labeled or color-coded in accordance with paragraph (g)(1)(i) of this standard; and

**1910.1030(d)(4)(iii)(B)(2)(iv)**

Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

**1910.1030(d)(4)(iii)(C)**

Disposal of all regulated waste shall be in accordance with applicable regulations of the United States, States and Territories, and political subdivisions of States and Territories.

**1910.1030(d)(4)(iv)**

***Laundry.***

**1910.1030(d)(4)(iv)(A)**

Contaminated laundry shall be handled as little as possible with a minimum of agitation.

**1910.1030(d)(4)(iv)(A)(1)**

Contaminated laundry shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use.

**1910.1030(d)(4)(iv)(A)(2)**

Contaminated laundry shall be placed and transported in bags or containers labeled or color-coded in accordance with paragraph (g)(1)(i) of this standard. When a facility utilizes Universal Precautions in the handling of all soiled laundry, alternative labeling or color-coding is sufficient if it permits all employees to recognize the containers as requiring compliance with Universal Precautions.

**1910.1030(d)(4)(iv)(A)(3)**

Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through or leakage from the bag or container, the laundry shall be placed and transported in bags or containers which prevent soak-through and/or leakage of fluids to the exterior.

**1910.1030(d)(4)(iv)(B)**

The employer shall ensure that employees who have contact with contaminated laundry wear protective gloves and other appropriate personal protective equipment.

**1910.1030(d)(4)(iv)(C)**

When a facility ships contaminated laundry off-site to a second facility which does not utilize Universal Precautions in the handling of all laundry, the facility generating the contaminated laundry must place such laundry in bags or containers which are labeled or color-coded in accordance with paragraph (g)(1)(i).

**1910.1030(e)**

***HIV and HBV Research Laboratories and Production Facilities.***

**1910.1030(e)(1)**

This paragraph applies to research laboratories and production facilities engaged in the culture, production, concentration, experimentation, and manipulation of HIV and HBV. It does not apply to clinical or diagnostic laboratories engaged solely in the analysis of blood, tissues, or organs. These requirements apply in addition to the other requirements of the standard.

**1910.1030(e)(2)**

Research laboratories and production facilities shall meet the following criteria:

**1910.1030(e)(2)(i)**

*Standard Microbiological Practices.* All regulated waste shall either be incinerated or decontaminated by a method such as autoclaving known to effectively destroy bloodborne pathogens.

**1910.1030(e)(2)(ii)**

*Special Practices.*

**1910.1030(e)(2)(ii)(A)**

Laboratory doors shall be kept closed when work involving HIV or HBV is in progress.

**1910.1030(e)(2)(ii)(B)**

Contaminated materials that are to be decontaminated at a site away from the work area shall be placed in a durable, leakproof, labeled or color-coded container that is closed before being removed from the work area.

**1910.1030(e)(2)(ii)(C)**

Access to the work area shall be limited to authorized persons. Written policies and procedures shall be established whereby only persons who have been advised of the potential biohazard, who meet any specific entry requirements, and who comply with all entry and exit procedures shall be allowed to enter the work areas and animal rooms.

**1910.1030(e)(2)(ii)(D)**

When other potentially infectious materials or infected animals are present in the work area or containment module, a hazard warning sign incorporating the universal biohazard symbol shall be posted on all access doors. The hazard warning sign shall comply with paragraph (g)(1)(ii) of this standard.

**1910.1030(e)(2)(ii)(E)**

All activities involving other potentially infectious materials shall be conducted in biological safety cabinets or other physical-containment devices within the containment module. No work with these other potentially infectious materials shall be conducted on the open bench.

**1910.1030(e)(2)(ii)(F)**

Laboratory coats, gowns, smocks, uniforms, or other appropriate protective clothing shall be used in the work area and animal rooms. Protective clothing shall not be worn outside of the work area and shall be decontaminated before being laundered.

**1910.1030(e)(2)(ii)(G)**

Special care shall be taken to avoid skin contact with other potentially infectious materials. Gloves shall be worn when handling infected animals and when making hand contact with other potentially infectious materials is unavoidable.

**1910.1030(e)(2)(ii)(H)**

Before disposal all waste from work areas and from animal rooms shall either be incinerated or decontaminated by a method such as autoclaving known to effectively destroy bloodborne pathogens.

**1910.1030(e)(2)(ii)(I)**

Vacuum lines shall be protected with liquid disinfectant traps and high-efficiency particulate air (HEPA) filters or filters of equivalent or superior efficiency and which are checked routinely and maintained or replaced as necessary.

**1910.1030(e)(2)(ii)(J)**

Hypodermic needles and syringes shall be used only for parenteral injection and aspiration of fluids from laboratory animals and diaphragm bottles. Only needle-locking syringes or disposable syringe-needle units (i.e., the needle is integral to the syringe) shall be used for the injection or aspiration of other potentially infectious materials. Extreme caution shall be used when handling needles and syringes. A needle shall not be bent, sheared, replaced in the sheath or guard, or removed from the syringe following use. The needle and syringe shall be promptly placed in a puncture-resistant container and autoclaved or decontaminated before reuse or disposal.

**1910.1030(e)(2)(ii)(K)**

All spills shall be immediately contained and cleaned up by appropriate professional staff or others properly trained and equipped to work with potentially concentrated infectious materials.

**1910.1030(e)(2)(ii)(L)**

A spill or accident that results in an exposure incident shall be immediately reported to the laboratory director or other responsible person.

**1910.1030(e)(2)(ii)(M)**

A biosafety manual shall be prepared or adopted and periodically reviewed and updated at least annually or more often if necessary. Personnel shall be advised of potential hazards, shall be required to read instructions on practices and procedures, and shall be required to follow them.

**1910.1030(e)(2)(iii)**

*Containment Equipment.*

**1910.1030(e)(2)(iii)(A)**

Certified biological safety cabinets (Class I, II, or III) or other appropriate combinations of personal protection or physical containment devices, such as special protective clothing, respirators, centrifuge safety cups, sealed centrifuge rotors, and containment caging for animals, shall be used for all activities with other potentially infectious materials that pose a threat of exposure to droplets, splashes, spills, or aerosols.

**1910.1030(e)(2)(iii)(B)**

Biological safety cabinets shall be certified when installed, whenever they are moved and at least annually.

**1910.1030(e)(3)**

HIV and HBV research laboratories shall meet the following criteria:

**1910.1030(e)(3)(i)**

Each laboratory shall contain a facility for hand washing and an eye wash facility which is readily available within the work area.

**1910.1030(e)(3)(ii)**

An autoclave for decontamination of regulated waste shall be available.

**1910.1030(e)(4)**

HIV and HBV production facilities shall meet the following criteria:

**1910.1030(e)(4)(i)**

The work areas shall be separated from areas that are open to unrestricted traffic flow within the building. Passage through two sets of doors shall be the basic requirement for entry into the work area from access corridors or other contiguous areas. Physical separation of the high-containment work area from access corridors or other areas or activities may also be provided by a double-doored clothes-change room (showers may be included), airlock, or other access facility that requires passing through two sets of doors before entering the work area.

**1910.1030(e)(4)(ii)**

The surfaces of doors, walls, floors and ceilings in the work area shall be water resistant so that they can be easily cleaned. Penetrations in these surfaces shall be sealed or capable of being sealed to facilitate decontamination.

**1910.1030(e)(4)(iii)**

Each work area shall contain a sink for washing hands and a readily available eye wash facility. The sink shall be foot, elbow, or automatically operated and shall be located near the exit door of the work area.

**1910.1030(e)(4)(iv)**

Access doors to the work area or containment module shall be self-closing.

**1910.1030(e)(4)(v)**

An autoclave for decontamination of regulated waste shall be available within or as near as possible to the work area.

**1910.1030(e)(4)(vi)**

A ducted exhaust-air ventilation system shall be provided. This system shall create directional airflow that draws air into the work area through the entry area. The exhaust air shall not be recirculated to any other area of the building, shall be discharged to the outside, and shall be dispersed away from occupied areas and air intakes. The proper direction of the airflow shall be verified (i.e., into the work area).

**1910.1030(e)(5)**

*Training Requirements.* Additional training requirements for employees in HIV and HBV research laboratories and HIV and HBV production facilities are specified in paragraph (g)(2)(ix).

**1910.1030(f)**

*Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up --*

**1910.1030(f)(1)**

*General.*

**1910.1030(f)(1)(i)**

The employer shall make available the hepatitis B vaccine and vaccination series to all employees who have occupational exposure, and post-exposure evaluation and follow-up to all employees who have had an exposure incident.

**1910.1030(f)(1)(ii)**

The employer shall ensure that all medical evaluations and procedures including the hepatitis B vaccine and vaccination series and post-exposure evaluation and follow-up, including prophylaxis, are:

**1910.1030(f)(1)(ii)(A)**

Made available at no cost to the employee;

**1910.1030(f)(1)(ii)(B)**

Made available to the employee at a reasonable time and place;

**1910.1030(f)(1)(ii)(C)**

Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional; and

**1910.1030(f)(1)(ii)(D)**

Provided according to recommendations of the U.S. Public Health Service current at the time these evaluations and procedures take place, except as specified by this paragraph (f).

**1910.1030(f)(1)(iii)**

The employer shall ensure that all laboratory tests are conducted by an accredited laboratory at no cost to the employee.

**1910.1030(f)(2)**

*Hepatitis B Vaccination.*

**1910.1030(f)(2)(i)**

Hepatitis B vaccination shall be made available after the employee has received the training required in paragraph (g)(2)(vii)(I) and within 10 working days of initial assignment to all employees who have occupational exposure unless the employee has previously received the

complete hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.

**1910.1030(f)(2)(ii)**

The employer shall not make participation in a prescreening program a prerequisite for receiving hepatitis B vaccination.

**1910.1030(f)(2)(iii)**

If the employee initially declines hepatitis B vaccination but at a later date while still covered under the standard decides to accept the vaccination, the employer shall make available hepatitis B vaccination at that time.

**1910.1030(f)(2)(iv)**

The employer shall assure that employees who decline to accept hepatitis B vaccination offered by the employer sign the statement in Appendix A.

**1910.1030(f)(2)(v)**

If a routine booster dose(s) of hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster dose(s) shall be made available in accordance with section (f)(1)(ii).

**1910.1030(f)(3)**

*Post-exposure Evaluation and Follow-up.* Following a report of an exposure incident, the employer shall make immediately available to the exposed employee a confidential medical evaluation and follow-up, including at least the following elements:

**1910.1030(f)(3)(i)**

Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred;

**1910.1030(f)(3)(ii)**

Identification and documentation of the source individual, unless the employer can establish that identification is infeasible or prohibited by state or local law;

**1910.1030(f)(3)(ii)(A)**

The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the employer shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.

**1910.1030(f)(3)(ii)(B)**

When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.

**1910.1030(f)(3)(ii)(C)**

Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

**1910.1030(f)(3)(iii)**

Collection and testing of blood for HBV and HIV serological status;

**1910.1030(f)(3)(iii)(A)**

The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained.

**1910.1030(f)(3)(iii)(B)**

If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.

**1910.1030(f)(3)(iv)**

Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service;

**1910.1030(f)(3)(v)**

Counseling; and

**1910.1030(f)(3)(vi)**

Evaluation of reported illnesses.

**1910.1030(f)(4)**

*Information Provided to the Healthcare Professional.*

**1910.1030(f)(4)(i)**

The employer shall ensure that the healthcare professional responsible for the employee's Hepatitis B vaccination is provided a copy of this regulation.

**1910.1030(f)(4)(ii)**

The employer shall ensure that the healthcare professional evaluating an employee after an exposure incident is provided the following information:

**1910.1030(f)(4)(ii)(A)**

A copy of this regulation;

**1910.1030(f)(4)(ii)(B)**

A description of the exposed employee's duties as they relate to the exposure incident;

**1910.1030(f)(4)(ii)(C)**

Documentation of the route(s) of exposure and circumstances under which exposure occurred;

**1910.1030(f)(4)(ii)(D)**

Results of the source individual's blood testing, if available; and

**1910.1030(f)(4)(ii)(E)**

All medical records relevant to the appropriate treatment of the employee including vaccination status which are the employer's responsibility to maintain.

**1910.1030(f)(5)**

*Healthcare Professional's Written Opinion.* The employer shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.

**1910.1030(f)(5)(i)**

The healthcare professional's written opinion for Hepatitis B vaccination shall be limited to whether Hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination.

**1910.1030(f)(5)(ii)**

The healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:

**1910.1030(f)(5)(ii)(A)**

That the employee has been informed of the results of the evaluation; and

**1910.1030(f)(5)(ii)(B)**

That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

**1910.1030(f)(5)(iii)**

All other findings or diagnoses shall remain confidential and shall not be included in the written report.

**1910.1030(f)(6)**

*Medical Recordkeeping.* Medical records required by this standard shall be maintained in accordance with paragraph (h)(1) of this section.

**1910.1030(g)**

*Communication of Hazards to Employees --*

**1910.1030(g)(1)**

*Labels and Signs --*

**1910.1030(g)(1)(i)**

*Labels.*

**1910.1030(g)(1)(i)(A)**

Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious material; and other containers used to store, transport or ship blood or other potentially infectious materials, except as provided in paragraph (g)(1)(i)(E), (F) and (G).

**1910.1030(g)(1)(i)(B)**

Labels required by this section shall include the following legend:



**1910.1030(g)(1)(i)(C)**

These labels shall be fluorescent orange or orange-red or predominantly so, with lettering and symbols in a contrasting color.

**1910.1030(g)(1)(i)(D)**

**Labels shall be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.**

**1910.1030(g)(1)(i)(E)**

Red bags or red containers may be substituted for labels.

**1910.1030(g)(1)(i)(F)**

Containers of blood, blood components, or blood products that are labeled as to their contents and have been released for transfusion or other clinical use are exempted from the labeling requirements of paragraph (g).

**1910.1030(g)(1)(i)(G)**

Individual containers of blood or other potentially infectious materials that are placed in a labeled container during storage, transport, shipment or disposal are exempted from the labeling requirement.

**1910.1030(g)(1)(i)(H)**

Labels required for contaminated equipment shall be in accordance with this paragraph and shall also state which portions of the equipment remain contaminated.

**1910.1030(g)(1)(i)(I)**

Regulated waste that has been decontaminated need not be labeled or color-coded.

**1910.1030(g)(1)(ii)**

***Signs.***

**1910.1030(g)(1)(ii)(A)**

The employer shall post signs at the entrance to work areas specified in paragraph (e), HIV and HBV Research Laboratory and Production Facilities, which shall bear the following legend:



(Name of the Infectious Agent)

(Special requirements for entering the area)

(Name, telephone number of the laboratory director or other responsible person.)

**1910.1030(g)(1)(ii)(B)**

These signs shall be fluorescent orange-red or predominantly so, with lettering and symbols in a contrasting color.

**1910.1030(g)(2)**

***Information and Training.***

**1910.1030(g)(2)(i)**

The employer shall train each employee with occupational exposure in accordance with the requirements of this section. Such training must be provided at no cost to the employee and during working hours. The employer shall institute a training program and ensure employee participation in the program.

**1910.1030(g)(2)(ii)**

Training shall be provided as follows:

**1910.1030(g)(2)(ii)(A)**

At the time of initial assignment to tasks where occupational exposure may take place;

**1910.1030(g)(2)(ii)(B)**

At least annually thereafter.

**1910.1030(g)(2)(iii)**

[Reserved]

**1910.1030(g)(2)(iv)**

Annual training for all employees shall be provided within one year of their previous training.

**1910.1030(g)(2)(v)**

Employers shall provide additional training when changes such as modification of tasks or procedures or institution of new tasks or procedures affect the employee's occupational exposure. The additional training may be limited to addressing the new exposures created.

**1910.1030(g)(2)(vi)**

Material appropriate in content and vocabulary to educational level, literacy, and language of employees shall be used.

**1910.1030(g)(2)(vii)**

The training program shall contain at a minimum the following elements:

**1910.1030(g)(2)(vii)(A)**

An accessible copy of the regulatory text of this standard and an explanation of its contents;

**1910.1030(g)(2)(vii)(B)**

A general explanation of the epidemiology and symptoms of bloodborne diseases;

**1910.1030(g)(2)(vii)(C)**

An explanation of the modes of transmission of bloodborne pathogens;

**1910.1030(g)(2)(vii)(D)**

An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan;

**1910.1030(g)(2)(vii)(E)**

An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials;

**1910.1030(g)(2)(vii)(F)**

An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment;

**1910.1030(g)(2)(vii)(G)**

Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;

**1910.1030(g)(2)(vii)(H)**

An explanation of the basis for selection of personal protective equipment;

**1910.1030(g)(2)(vii)(I)**

Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge;

**1910.1030(g)(2)(vii)(J)**

Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;

**1910.1030(g)(2)(vii)(K)**

An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available;

**1910.1030(g)(2)(vii)(L)**

Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident;

**1910.1030(g)(2)(vii)(M)**

An explanation of the signs and labels and/or color coding required by paragraph (g)(1); and

**1910.1030(g)(2)(vii)(N)**

An opportunity for interactive questions and answers with the person conducting the training session.

**1910.1030(g)(2)(viii)**

The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address.

**1910.1030(g)(2)(ix)**

Additional Initial Training for Employees in HIV and HBV Laboratories and Production Facilities. Employees in HIV or HBV research laboratories and HIV or HBV production facilities shall receive the following initial training in addition to the above training requirements.

**1910.1030(g)(2)(ix)(A)**

The employer shall assure that employees demonstrate proficiency in standard microbiological practices and techniques and in the practices and operations specific to the facility before being allowed to work with HIV or HBV.

**1910.1030(g)(2)(ix)(B)**

The employer shall assure that employees have prior experience in the handling of human pathogens or tissue cultures before working with HIV or HBV.

**1910.1030(g)(2)(ix)(C)**

The employer shall provide a training program to employees who have no prior experience in handling human pathogens. Initial work activities shall not include the handling of infectious agents. A progression of work activities shall be assigned as techniques are learned and proficiency is developed. The employer shall assure that employees participate in work activities involving infectious agents only after proficiency has been demonstrated.

**1910.1030(h)**

***Recordkeeping --***

**1910.1030(h)(1)**

***Medical Records.***

**1910.1030(h)(1)(i)**

The employer shall establish and maintain an accurate record for each employee with occupational exposure, in accordance with 29 CFR 1910.1020.

**1910.1030(h)(1)(ii)**

This record shall include:

**1910.1030(h)(1)(ii)(A)**

The name and social security number of the employee;

**1910.1030(h)(1)(ii)(B)**

A copy of the employee's hepatitis B vaccination status including the dates of all the hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination as required by paragraph (f)(2);

**1910.1030(h)(1)(ii)(C)**

A copy of all results of examinations, medical testing, and follow-up procedures as required by paragraph (f)(3);

**1910.1030(h)(1)(ii)(D)**

The employer's copy of the healthcare professional's written opinion as required by paragraph (f)(5); and

**1910.1030(h)(1)(ii)(E)**

A copy of the information provided to the healthcare professional as required by paragraphs (f)(4)(ii)(B)(C) and (D).

**1910.1030(h)(1)(iii)**

Confidentiality. The employer shall ensure that employee medical records required by paragraph (h)(1) are:

**1910.1030(h)(1)(iii)(A)**

Kept confidential; and

**1910.1030(h)(1)(iii)(B)**

Not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by this section or as may be required by law.

**1910.1030(h)(1)(iv)**

The employer shall maintain the records required by paragraph (h) for at least the duration of employment plus 30 years in accordance with 29 CFR 1910.1020.

**1910.1030(h)(2)**

***Training Records.***

**1910.1030(h)(2)(i)**

Training records shall include the following information:

**1910.1030(h)(2)(i)(A)**

The dates of the training sessions;

**1910.1030(h)(2)(i)(B)**

The contents or a summary of the training sessions;

**1910.1030(h)(2)(i)(C)**

The names and qualifications of persons conducting the training; and

**1910.1030(h)(2)(i)(D)**

The names and job titles of all persons attending the training sessions.

**1910.1030(h)(2)(ii)**

Training records shall be maintained for 3 years from the date on which the training occurred.

**1910.1030(h)(3)**

***Availability.***

**1910.1030(h)(3)(i)**

The employer shall ensure that all records required to be maintained by this section shall be made available upon request to the Assistant Secretary and the Director for examination and copying.

**1910.1030(h)(3)(ii)**

Employee training records required by this paragraph shall be provided upon request for examination and copying to employees, to employee representatives, to the Director, and to the Assistant Secretary.

**1910.1030(h)(3)(iii)**

Employee medical records required by this paragraph shall be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, to the Director, and to the Assistant Secretary in accordance with 29 CFR

**1910.1020.**

**1910.1030(h)(4)**

***Transfer of Records.*** The employer shall comply with the requirements involving transfer of records set forth in 29 CFR 1910.1020(h).

OSHA recently discovered mistakes made by the Federal Register editors of the CFR in implementing the 2001 OSHA final rule for Bloodborne Pathogens; these mistakes affected 29

CFR 1910.1030(h) and (i). OSHA is in the process of correcting these mistakes in the CFR. In the meantime, OSHA is revising this website to reflect the correct regulations as they will soon appear in eCFR and in the July 1, 2012, edition of the hard copy CFR. We will remove this notice from this website when the Federal Register editors make the necessary corrections in the eCFR.

**1910.1030(h)(5)**

***Sharps injury log.***

**1910.1030(h)(5)(i)**

The employer shall establish and maintain a sharps injury log for the recording of percutaneous injuries from contaminated sharps. The information in the sharps injury log shall be recorded and maintained in such manner as to protect the confidentiality of the injured employee. The sharps injury log shall contain, at a minimum:

**1910.1030(h)(5)(i)(A)**

The type and brand of device involved in the incident,

**1910.1030(h)(5)(i)(B)**

The department or work area where the exposure incident occurred, and

**1910.1030(h)(5)(i)(C)**

An explanation of how the incident occurred.

**1910.1030(h)(5)(ii)**

The requirement to establish and maintain a sharps injury log shall apply to any employer who is required to maintain a log of occupational injuries and illnesses under 29 CFR part 1904.

**1910.1030(h)(5)(iii)**

The sharps injury log shall be maintained for the period required by 29 CFR 1904.33.

**1910.1030(i)**

***Dates —***

**1910.1030(i)(1)**

***Effective Date.*** The standard shall become effective on March 6, 1992.

**1910.1030(i)(2)**

**The Exposure Control Plan required by paragraph (c) of this section shall be completed on or before May 5, 1992.**

**1910.1030(i)(3)**

**Paragraphs (g)(2) Information and Training and (h) Recordkeeping of this section shall take effect on or before June 4, 1992.**

**1910.1030(i)(4)**

**Paragraphs (d)(2) Engineering and Work Practice Controls, (d)(3) Personal Protective Equipment, (d)(4) Housekeeping, (e) HIV and HBV Research Laboratories and Production Facilities, (f) Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-up, and (g)(1) Labels and Signs of this section, shall take effect July 6, 1992.**

[56 FR 64004, Dec. 06, 1991, as amended at 57 FR 12717, April 13, 1992; 57 FR 29206, July 1, 1992; 61 FR 5507, Feb. 13, 1996; 66 FR 5325 Jan., 18, 2001; 71 FR 16672 and 16673, April 3, 2006; 73 FR 75586, Dec. 12, 2008; 76 FR 33608, June 8, 2011; 76 FR 80740, Dec. 27, 2011; 77 FR 19934, April 3, 2012]

Appendix II-  
29 CFR 1910.1020 Medical Records

**1910.1020(a)**

"Purpose." The purpose of this section is to provide employees and their designated representatives a right of access to relevant exposure and medical records; and to provide representatives of the Assistant Secretary a right of access to these records in order to fulfill responsibilities under the Occupational Safety and Health Act. Access by employees, their representatives, and the Assistant Secretary is necessary to yield both direct and indirect improvements in the detection, treatment, and prevention of occupational disease. Each employer is responsible for assuring compliance with this section, but the activities involved in complying with the access to medical records provisions can be carried out, on behalf of the employer, by the physician or other health care personnel in charge of employee medical records. Except as expressly provided, nothing in this section is intended to affect existing legal and ethical obligations concerning the maintenance and confidentiality of employee medical information, the duty to disclose information to a patient/employee or any other aspect of the medical-care relationship, or affect existing legal obligations concerning the protection of trade secret information.

**1910.1020(b)**

"Scope and application."

**1910.1020(b)(1)**

This section applies to each general industry, maritime, and construction employer who makes, maintains, contracts for, or has access to employee exposure or medical records, or analyses thereof, pertaining to employees exposed to toxic substances or harmful physical agents.

**1910.1020(b)(2)**

This section applies to all employee exposure and medical records, and analyses thereof, of such employees, whether or not the records are mandated by specific occupational safety and health standards.

**1910.1020(b)(3)**

This section applies to all employee exposure and medical records, and analyses thereof, made or maintained in any manner, including on an in-house or contractual (e.g., fee-for-service) basis. Each employer shall assure that the preservation and access requirements of this section are complied with regardless of the manner in which records are made or maintained.

**1910.1020(c)**

"Definitions."

**1910.1020(c)(1)**

"Access" means the right and opportunity to examine and copy.

**1910.1020(c)(2)**

"Analysis using exposure or medical records" means any compilation of data or any statistical study based at least in part on information collected from individual employee exposure or medical records or information collected from health insurance claims records, provided that either the analysis has been reported to the employer or no further work is currently being done by the person responsible for preparing the analysis.

**1910.1020(c)(3)**

"Designated representative" means any individual or organization to whom an employee gives written authorization to exercise a right of access. For the purposes of access to employee exposure records and analyses using exposure or medical records, a recognized or certified collective bargaining agent shall be treated automatically as a designated representative without regard to written employee authorization.

**1910.1020(c)(4)**

"Employee" means a current employee, a former employee, or an employee being assigned or transferred to work where there will be exposure to toxic substances or harmful physical agents. In the case of a deceased or legally incapacitated employee, the employee's legal representative may directly exercise all the employee's rights under this section.

**1910.1020(c)(5)**

"Employee exposure record" means a record containing any of the following kinds of information:

**1910.1020(c)(5)(i)**

Environmental (workplace) monitoring or measuring of a toxic substance or harmful physical agent, including personal, area, grab, wipe, or other form of sampling, as well as related collection and analytical methodologies, calculations, and other background data relevant to interpretation of the results obtained;

**1910.1020(c)(5)(ii)**

Biological monitoring results which directly assess the absorption of a toxic substance or harmful physical agent by body systems (e.g., the level of a chemical in the blood, urine, breath, hair, fingernails, etc.) but not including results which assess the biological effect of a substance or agent or which assess an employee's use of alcohol or drugs;

**1910.1020(c)(5)(iii)**

Material safety data sheets indicating that the material may pose a hazard to human health; or

**1910.1020(c)(5)(iv)**

In the absence of the above, a chemical inventory or any other record which reveals where and when used and the identity (e.g., chemical, common, or trade name) of a toxic substance or harmful physical agent.

**1910.1020(c)(6) 1910.1020(c)(6)(i)**

"Employee medical record" means a record concerning the health status of an employee which is made or maintained by a physician, nurse, or other health care personnel, or technician, including:

**1910.1020(c)(6)(i)(A)**

Medical and employment questionnaires or histories (including job description and occupational exposures),

**1910.1020(c)(6)(i)(B)**

The results of medical examinations (pre-employment, pre-assignment, periodic, or episodic) and laboratory tests (including chest and other X-ray examinations taken for the purpose of establishing a base-line or detecting occupational illnesses and all biological monitoring not defined as an "employee exposure record"),

**1910.1020(c)(6)(i)(C)**

Medical opinions, diagnoses, progress notes, and recommendations,

**1910.1020(c)(6)(i)(D)**

First aid records,

**1910.1020(c)(6)(i)(E)**

Descriptions of treatments and prescriptions, and

**1910.1020(c)(6)(i)(F)**

Employee medical complaints.

**1910.1020(c)(6)(ii)**

"Employee medical record" does not include medical information in the form of:

**1910.1020(c)(6)(ii)(A)**

Physical specimens (e.g., blood or urine samples) which are routinely discarded as a part of normal medical practice, or

**1910.1020(c)(6)(ii)(B)**

Records concerning health insurance claims if maintained separately from the employer's medical program and its records, and not accessible to the employer by employee name or other direct personal identifier (e.g., social security number, payroll number, etc.), or

**1910.1020(c)(6)(ii)(C)**

Records created solely in preparation for litigation which are privileged from discovery under the applicable rules of procedure or evidence; or

**1910.1020(c)(6)(ii)(D)**

Records concerning voluntary employee assistance programs (alcohol, drug abuse, or personal counseling programs) if maintained separately from the employer's medical program and its records.

**1910.1020(c)(7)**

"Employer" means a current employer, a former employer, or a successor employer.

**1910.1020(c)(8)**

"Exposure" or "exposed" means that an employee is subjected to a toxic substance or harmful physical agent in the course of employment through any route of entry (inhalation, ingestion, skin contact or absorption, etc.), and includes past exposure and potential (e.g., accidental or possible) exposure, but does not include situations where the employer can demonstrate that the toxic substance or harmful physical agent is not used, handled, stored, generated, or present in the workplace in any manner different from typical non-occupational situations.

**1910.1020(c)(9)**

"Health Professional" means a physician, occupational health nurse, industrial hygienist, toxicologist, or epidemiologist, providing medical or other occupational health services to exposed employees.

**1910.1020(c)(10)**

"Record" means any item, collection, or grouping of information regardless of the form or process by which it is maintained (e.g., paper document, microfiche, microfilm, X-ray film, or automated data processing).

**1910.1020(c)(11)**

"Specific chemical identity" means a chemical name, Chemical Abstracts Service (CAS) Registry Number, or any other information that reveals the precise chemical designation of the substance.

**1910.1020(c)(12) 1910.1020(c)(12)(i)**

"Specific written consent" means a written authorization containing the following:

**1910.1020(c)(12)(i)(A)**

The name and signature of the employee authorizing the release of medical information,

**1910.1020(c)(12)(i)(B)**

The date of the written authorization,

**1910.1020(c)(12)(i)(C)**

The name of the individual or organization that is authorized to release the medical information,

**1910.1020(c)(12)(i)(D)**

The name of the designated representative (individual or organization) that is authorized to receive the released information,

**1910.1020(c)(12)(i)(E)**

A general description of the medical information that is authorized to be released,

**1910.1020(c)(12)(i)(F)**

A general description of the purpose for the release of the medical information, and

**1910.1020(c)(12)(i)(G)**

A date or condition upon which the written authorization will expire (if less than one year).

**1910.1020(c)(12)(ii)**

A written authorization does not operate to authorize the release of medical information not in existence on the date of written authorization, unless the release of future information is expressly authorized, and does not operate for more than one year from the date of written authorization.

**1910.1020(c)(12)(iii)**

A written authorization may be revoked in writing prospectively at any time.

**1910.1020(c)(13)**

"Toxic substance or harmful physical agent" means any chemical substance, biological agent (bacteria, virus, fungus, etc.), or physical stress (noise, heat, cold, vibration, repetitive motion, ionizing and non-ionizing radiation, hypo - or hyperbaric pressure, etc.) which:

**1910.1020(c)(13)(i)**

Is listed in the latest printed edition of the National Institute for Occupational Safety and Health (NIOSH) Registry of Toxic Effects of Chemical Substances (RTECS) which is incorporated by reference as specified in Sec. 1910.6; or

**1910.1020(c)(13)(ii)**

Has yielded positive evidence of an acute or chronic health hazard in testing conducted by, or known to, the employer; or

**1910.1020(c)(13)(iii)**

Is the subject of a material safety data sheet kept by or known to the employer indicating that the material may pose a hazard to human health.

**1910.1020(c)(14)**

"Trade secret" means any confidential formula, pattern, process, device, or information or compilation of information that is used in an employer's business and that gives the employer an opportunity to obtain an advantage over competitors who do not know or use it.

**1910.1020(d)**

"Preservation of records."

**1910.1020(d)(1)**

Unless a specific occupational safety and health standard provides a different period of time, each employer shall assure the preservation and retention of records as follows:

**1910.1020(d)(1)(i)**

"Employee medical records." The medical record for each employee shall be preserved and maintained for at least the duration of employment plus thirty (30) years, except that the following types of records need not be retained for any specified period:

**1910.1020(d)(1)(i)(A)**

Health insurance claims records maintained separately from the employer's medical program and its records,

**1910.1020(d)(1)(i)(B)**

First aid records (not including medical histories) of one-time treatment and subsequent observation of minor scratches, cuts, burns, splinters, and the like which do not involve medical treatment, loss of consciousness, restriction of work or motion, or transfer to another job, if made on-site by a non-physician and if maintained separately from the employer's medical program and its records, and

**1910.1020(d)(1)(i)(C)**

The medical records of employees who have worked for less than (1) year for the employer need not be retained beyond the term of employment if they are provided to the employee upon the termination of employment.

**1910.1020(d)(1)(ii)**

"Employee exposure records." Each employee exposure record shall be preserved and maintained for at least thirty (30) years, except that:

**1910.1020(d)(1)(ii)(A)**

Background data to environmental (workplace) monitoring or measuring, such as laboratory reports and worksheets, need only be retained for one (1) year so long as the sampling results, the collection methodology (sampling plan), a description of the analytical and mathematical methods used, and a summary of other background data relevant to interpretation of the results obtained, are retained for at least thirty (30) years; and

**1910.1020(d)(1)(ii)(B)**

Material safety data sheets and paragraph (c)(5)(iv) records concerning the identity of a substance or agent need not be retained for any specified period as long as some record of the identity (chemical name if known) of the substance or agent, where it was used, and when it was used is retained for at least thirty (30) years(1); and

Footnote(1) Material safety data sheets must be kept for those chemicals currently in use that are effected by the Hazard Communication Standard in accordance with 29 CFR 1910.1200(g).

**1910.1020(d)(1)(ii)(C)**

Biological monitoring results designated as exposure records by specific occupational safety and health standards shall be preserved and maintained as required by the specific standard.

**1910.1020(d)(1)(iii)**

"Analyses using exposure or medical records." Each analysis using exposure or medical records shall be preserved and maintained for at least thirty (30) years.

**1910.1020(d)(2)**

Nothing in this section is intended to mandate the form, manner, or process by which an employer preserves a record so long as the information contained in the record is preserved and retrievable, except that chest X-ray films shall be preserved in their original state.

**1910.1020(e)**

"Access to records" -

**1910.1020(e)(1)**

"General."

**1910.1020(e)(1)(i)**

Whenever an employee or designated representative requests access to a record, the employer shall assure that access is provided in a reasonable time, place, and manner. If the employer cannot reasonably provide access to the record within fifteen (15) working days, the employer shall within the fifteen (15) working days apprise the employee or designated representative requesting the record of the reason for the delay and the earliest date when the record can be made available.

**1910.1020(e)(1)(ii)**

The employer may require of the requester only such information as should be readily known to the requester and which may be necessary to locate or identify the records being requested (e.g. dates and locations where the employee worked during the time period in question).

**1910.1020(e)(1)(iii)**

Whenever an employee or designated representative requests a copy of a record, the employer shall assure that either:

**1910.1020(e)(1)(iii)(A)**

A copy of the record is provided without cost to the employee or representative,

**1910.1020(e)(1)(iii)(B)**

The necessary mechanical copying facilities (e.g., photocopying) are made available without cost to the employee or representative for copying the record, or

**1910.1020(e)(1)(iii)(C)**

The record is loaned to the employee or representative for a reasonable time to enable a copy to be made.

**1910.1020(e)(1)(iv)**

In the case of an original X-ray, the employer may restrict access to on-site examination or make other suitable arrangements for the temporary loan of the X-ray.

**1910.1020(e)(1)(v)**

Whenever a record has been previously provided without cost to an employee or designated representative, the employer may charge reasonable, non-discriminatory administrative costs (i.e., search and copying expenses but not including overhead expenses) for a request by the employee or designated representative for additional copies of the record, except that

**1910.1020(e)(1)(v)(A)**

An employer shall not charge for an initial request for a copy of new information that has been added to a record which was previously provided; and

**1910.1020(e)(1)(v)(B)**

An employer shall not charge for an initial request by a recognized or certified collective bargaining agent for a copy of an employee exposure record or an analysis using exposure or medical records.

**1910.1020(e)(1)(vi)**

Nothing in this section is intended to preclude employees and collective bargaining agents from collectively bargaining to obtain access to information in addition to that available under this section.

**1910.1020(e)(2)**

"Employee and designated representative access" -

**1910.1020(e)(2)(i)**

"Employee exposure records."

**1910.1020(e)(2)(i)(A)**

Except as limited by paragraph (f) of this section, each employer shall, upon request, assure the access to each employee and designated representative to employee exposure records relevant to the employee. For the purpose of this section, an exposure record relevant to the employee consists of:

**1910.1020(e)(2)(i)(A)(1)**

A record which measures or monitors the amount of a toxic substance or harmful physical agent to which the employee is or has been exposed;

**1910.1020(e)(2)(i)(A)(2)**

In the absence of such directly relevant records, such records of other employees with past or present job duties or working conditions related to or similar to those of the employee to the extent necessary to reasonably indicate the amount and nature of the toxic substances or harmful physical agents to which the employee is or has been subjected, and

**1910.1020(e)(2)(i)(A)(3)**

Exposure records to the extent necessary to reasonably indicate the amount and nature of the toxic substances or harmful physical agents at workplaces or under working conditions to which the employee is being assigned or transferred.

**1910.1020(e)(2)(i)(B)**

Requests by designated representatives for unconsented access to employee exposure records shall be in writing and shall specify with reasonable particularity:

**1910.1020(e)(2)(i)(B)(1)**

The record requested to be disclosed; and

**1910.1020(e)(2)(i)(B)(2)**

The occupational health need for gaining access to these records.

**1910.1020(e)(2)(ii)**

"Employee medical records."

**1910.1020(e)(2)(ii)(A)**

Each employer shall, upon request, assure the access of each employee to employee medical records of which the employee is the subject, except as provided in paragraph (e)(2)(ii)(D) of this section.

**1910.1020(e)(2)(ii)(B)**

Each employer shall, upon request, assure the access of each designated representative to the employee medical records of any employee who has given the designated representative specific written consent. Appendix A to this section contains a sample form which may be used to establish specific written consent for access to employee medical records.

**1910.1020(e)(2)(ii)(C)**

Whenever access to employee medical records is requested, a physician representing the employer may recommend that the employee or designated representative:

**1910.1020(e)(2)(ii)(C)(1)**

Consult with the physician for the purposes of reviewing and discussing the records requested,

**1910.1020(e)(2)(ii)(C)(2)**

Accept a summary of material facts and opinions in lieu of the records requested, or

**1910.1020(e)(2)(ii)(C)(3)**

Accept release of the requested records only to a physician or other designated representative.

**1910.1020(e)(2)(ii)(D)**

Whenever an employee requests access to his or her employee medical records, and a physician representing the employer believes that direct employee access to information contained in the records regarding a specific diagnosis of a terminal illness or a psychiatric condition could be detrimental to the employee's health, the employer may inform the employee that access will only be provided to a designated representative of the employee having specific written consent, and deny the employee's request for direct access to this information only. Where a designated representative with specific written consent requests access to information so withheld, the employer shall assure the access of the designated representative to this information, even when it is known that the designated representative will give the information to the employee.

**1910.1020(e)(2)(ii)(E)**

A physician, nurse, or other responsible health care personnel maintaining employee medical records may delete from requested medical records the identity of a family member, personal friend, or fellow employee who has provided confidential information concerning an employee's health status.

**1910.1020(e)(2)(iii)**

Analyses using exposure or medical records.

**1910.1020(e)(2)(iii)(A)**

Each employer shall, upon request, assure the access of each employee and designated representative to each analysis using exposure or medical records concerning the employee's working conditions or workplace.

**1910.1020(e)(2)(iii)(B)**

Whenever access is requested to an analysis which reports the contents of employee medical records by either direct identifier (name, address, social security number, payroll number, etc.) or by information which could reasonably be used under the circumstances indirectly to identify specific employees (exact age, height, weight, race, sex, date of initial employment, job title,

etc.), the employer shall assure that personal identifiers are removed before access is provided. If the employer can demonstrate that removal of personal identifiers from an analysis is not feasible, access to the personally identifiable portions of the analysis need not be provided.

**1910.1020(e)(3)**

"OSHA access."

**1910.1020(e)(3)(i)**

Each employer shall, upon request, and without derogation of any rights under the Constitution or the Occupational Safety and Health Act of 1970, 29 U.S.C. 651 "et seq.," that the employer chooses to exercise, assure the prompt access of representatives of the Assistant Secretary of Labor for Occupational Safety and Health to employee exposure and medical records and to analyses using exposure or medical records. Rules of agency practice and procedure governing OSHA access to employee medical records are contained in 29 CFR 1913.10.

**1910.1020(e)(3)(ii)**

Whenever OSHA seeks access to personally identifiable employee medical information by presenting to the employer a written access order pursuant to 29 CFR 1913.10(d), the employer shall prominently post a copy of the written access order and its accompanying cover letter for at least fifteen (15) working days.

**1910.1020(f)**

"Trade secrets."

**1910.1020(f)(1)**

Except as provided in paragraph (f)(2) of this section, nothing in this section precludes an employer from deleting from records requested by a health professional, employee, or designated representative any trade secret data which discloses manufacturing processes, or discloses the percentage of a chemical substance in mixture, as long as the health professional, employee, or designated representative is notified that information has been deleted. Whenever deletion of trade secret information substantially impairs evaluation of the place where or the time when exposure to a toxic substance or harmful physical agent occurred, the employer shall provide alternative information which is sufficient to permit the requesting party to identify where and when exposure occurred.

**1910.1020(f)(2)**

The employer may withhold the specific chemical identity, including the chemical name and other specific identification of a toxic substance from a disclosable record provided that:

**1910.1020(f)(2)(i)**

The claim that the information withheld is a trade secret can be supported;

**1910.1020(f)(2)(ii)**

All other available information on the properties and effects of the toxic substance is disclosed;

**1910.1020(f)(2)(iii)**

The employer informs the requesting party that the specific chemical identity is being withheld as a trade secret; and

**1910.1020(f)(2)(iv)**

The specific chemical identity is made available to health professionals, employees and designated representatives in accordance with the specific applicable provisions of this paragraph.

**1910.1020(f)(3)**

Where a treating physician or nurse determines that a medical emergency exists and the specific chemical identity of a toxic substance is necessary for emergency or first-aid treatment, the

employer shall immediately disclose the specific chemical identity of a trade secret chemical to the treating physician or nurse, regardless of the existence of a written statement of need or a confidentiality agreement. The employer may require a written statement of need and confidentiality agreement, in accordance with the provisions of paragraphs (f)(4) and (f)(5), as soon as circumstances permit.

**1910.1020(f)(4)**

In non-emergency situations, an employer shall, upon request, disclose a specific chemical identity, otherwise permitted to be withheld under paragraph (f)(2) of this section, to a health professional, employee, or designated representative if:

**1910.1020(f)(4)(i)**

The request is in writing;

**1910.1020(f)(4)(ii)**

The request describes with reasonable detail one or more of the following occupational health needs for the information:

**1910.1020(f)(4)(ii)(A)**

To assess the hazards of the chemicals to which employees will be exposed;

**1910.1020(f)(4)(ii)(B)**

To conduct or assess sampling of the workplace atmosphere to determine employee exposure levels;

**1910.1020(f)(4)(ii)(C)**

To conduct pre-assignment or periodic medical surveillance of exposed employees;

**1910.1020(f)(4)(ii)(D)**

To provide medical treatment to exposed employees;

**1910.1020(f)(4)(ii)(E)**

To select or assess appropriate personal protective equipment for exposed employees;

**1910.1020(f)(4)(ii)(F)**

To design or assess engineering controls or other protective measures for exposed employees; and

**1910.1020(f)(4)(ii)(G)**

To conduct studies to determine the health effects of exposure.

**1910.1020(f)(4)(iii)**

The request explains in detail why the disclosure of the specific chemical identity is essential and that, in lieu thereof, the disclosure of the following information would not enable the health professional, employee or designated representative to provide the occupational health services described in paragraph (f)(4)(ii) of this section;

**1910.1020(f)(4)(iii)(A)**

The properties and effects of the chemical;

**1910.1020(f)(4)(iii)(B)**

Measures for controlling workers' exposure to the chemical;

**1910.1020(f)(4)(iii)(C)**

Methods of monitoring and analyzing worker exposure to the chemical; and

**1910.1020(f)(4)(iii)(D)**

Methods of diagnosing and treating harmful exposures to the chemical;

**1910.1020(f)(4)(iv)**

The request includes a description of the procedures to be used to maintain the confidentiality of the disclosed information; and

**1910.1020(f)(4)(v)**

The health professional, employee, or designated representative and the employer or contractor of the services of the health professional or designated representative agree in a written confidentiality agreement that the health professional, employee or designated representative will not use the trade secret information for any purpose other than the health need(s) asserted and agree not to release the information under any circumstances other than to OSHA, as provided in paragraph (f)(7) of this section, except as authorized by the terms of the agreement or by the employer.

**1910.1020(f)(5)**

The confidentiality agreement authorized by paragraph (f)(4)(iv) of this section:

**1910.1020(f)(5)(i)**

May restrict the use of the information to the health purposes indicated in the written statement of need;

**1910.1020(f)(5)(ii)**

May provide for appropriate legal remedies in the event of a breach of the agreement, including stipulation of a reasonable pre-estimate of likely damages; and,

**1910.1020(f)(5)(iii)**

May not include requirements for the posting of a penalty bond.

**1910.1020(f)(6)**

Nothing in this section is meant to preclude the parties from pursuing non-contractual remedies to the extent permitted by law.

**1910.1020(f)(7)**

If the health professional, employee or designated representative receiving the trade secret information decides that there is a need to disclose it to OSHA, the employer who provided the information shall be informed by the health professional prior to, or at the same time as, such disclosure.

**1910.1020(f)(8)**

If the employer denies a written request for disclosure of a specific chemical identity, the denial must:

**1910.1020(f)(8)(i)**

Be provided to the health professional, employee or designated representative within thirty days of the request;

**1910.1020(f)(8)(ii)**

Be in writing;

**1910.1020(f)(8)(iii)**

Include evidence to support the claim that the specific chemical identity is a trade secret;

**1910.1020(f)(8)(iv)**

State the specific reasons why the request is being denied; and,

**1910.1020(f)(8)(v)**

Explain in detail how alternative information may satisfy the specific medical or occupational health need without revealing the specific chemical identity.

**1910.1020(f)(9)**

The health professional, employee, or designated representative whose request for information is denied under paragraph (f)(4) of this section may refer the request and the written denial of the request to OSHA for consideration.

**1910.1020(f)(10)**

When a health professional, employee, or designated representative refers a denial to OSHA under paragraph (f)(9) of this section, OSHA shall consider the evidence to determine if:

**1910.1020(f)(10)(i)**

The employer has supported the claim that the specific chemical identity is a trade secret;

**1910.1020(f)(10)(ii)**

The health professional employee, or designated representative has supported the claim that there is a medical or occupational health need for the information; and

**1910.1020(f)(10)(iii)**

The health professional, employee or designated representative has demonstrated adequate means to protect the confidentiality.

**1910.1020(f)(11) 1910.1020(f)(11)(i)**

If OSHA determines that the specific chemical identity requested under paragraph (f)(4) of this section is not a "bona fide" trade secret, or that it is a trade secret but the requesting health professional, employee or designated representatives has a legitimate medical or occupational health need for the information, has executed a written confidentiality agreement, and has shown adequate means for complying with the terms of such agreement, the employer will be subject to citation by OSHA.

**1910.1020(f)(11)(ii)**

If an employer demonstrates to OSHA that the execution of a confidentiality agreement would not provide sufficient protection against the potential harm from the unauthorized disclosure of a trade secret specific chemical identity, the Assistant Secretary may issue such orders or impose such additional limitations or conditions upon the disclosure of the requested chemical information as may be appropriate to assure that the occupational health needs are met without an undue risk of harm to the employer.

**1910.1020(f)(12)**

Notwithstanding the existence of a trade secret claim, an employer shall, upon request, disclose to the Assistant Secretary any information which this section requires the employer to make available. Where there is a trade secret claim, such claim shall be made no later than at the time the information is provided to the Assistant Secretary so that suitable determinations of trade secret status can be made and the necessary protections can be implemented.

**1910.1020(f)(13)**

Nothing in this paragraph shall be construed as requiring the disclosure under any circumstances of process or percentage of mixture information which is a trade secret.

**1910.1020(g)**

"Employee information."

**1910.1020(g)(1)**

Upon an employee's first entering into employment, and at least annually thereafter, each employer shall inform current employees covered by this section of the following:

**1910.1020(g)(1)(i)**

The existence, location, and availability of any records covered by this section;

**1910.1020(g)(1)(ii)**

The person responsible for maintaining and providing access to records; and

**1910.1020(g)(1)(iii)**

Each employee's rights of access to these records.

**1910.1020(g)(2)**

Each employer shall keep a copy of this section and its appendices, and make copies readily available, upon request, to employees. The employer shall also distribute to current employees any informational materials concerning this section which are made available to the employer by the Assistant Secretary of Labor for Occupational Safety and Health.

**1910.1020(h)**

"Transfer of records."

**1910.1020(h)(1)**

Whenever an employer is ceasing to do business, the employer shall transfer all records subject to this section to the successor employer. The successor employer shall receive and maintain these records.

**1910.1020(h)(2)**

Whenever an employer is ceasing to do business and there is no successor employer to receive and maintain the records subject to this standard, the employer shall notify affected current employees of their rights of access to records at least three (3) months prior to the cessation of the employer's business.

**1910.1020(i)**

"Appendices." The information contained in appendices A and B to this section is not intended, by itself, to create any additional obligations not otherwise imposed by this section nor detract from any existing obligation.

[61 FR 5507, Feb. 13, 1996; 61 FR 9227, March 7, 1996; 61 FR 31427, June 20, 1996; 71 FR 16673, April 3, 2006; 76 FR 33608, June 8, 2011]

- Part Number: 1910
- Part Title: Occupational Safety and Health Standards
- Subpart: Z
- Subpart Title: Toxic and Hazardous Substances
- Standard Number: 1910.1020 App A
- Title: Sample authorization letter for the release of employee medical record information to a designated representative (Non-mandatory)

I, \_\_\_\_\_, (full name of worker/patient) hereby authorize \_\_\_\_\_ (individual or organization holding the medical records) to release to \_\_\_\_\_ (individual or organization authorized to receive the medical information), the following medical information from my personal medical records:

\_\_\_\_\_  
\_\_\_\_\_

(Describe generally the information desired to be released).

I give my permission for this medical information to be used for the following purpose:

\_\_\_\_\_  
\_\_\_\_\_

but I do not give permission for any other use or re-disclosure of this information.

(Note: Several extra lines are provided below so that you can place additional restrictions on this authorization letter if you want to.

You may, however, leave these lines blank. On the other hand, you may want to (1) specify a particular expiration date for this letter (if less than one year); (2) describe medical information to be created in the future that you intend to be covered by this authorization letter; or (3) describe portions of the medical information in your records which you do not intend to be released as a result of this letter.)

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Full name of Employee or Legal Representative

Signature of Employee or Legal Representative

Date of Signature

[61 FR 31427, June 20, 1996]

- Part Number: 1910
- Part Title: Occupational Safety and Health Standards
- Subpart: Z
- Subpart Title: Toxic and Hazardous Substances
- Standard Number: 1910.1020 App B
- Title: Availability of NIOSH registry of toxic effects of chemical substances (RTECS)(Non-mandatory)

The final standard, 29 CFR 1910.1020, applies to all employee exposure and medical records, and analyses thereof, of employees exposed to toxic substances or harmful physical agents (paragraph (b)(2)). The term "toxic substance or harmful physical agent" is defined by paragraph (c)(13) to encompass chemical substances, biological agents, and physical stresses for which there is evidence of harmful health effects. The regulation uses the latest printed edition of the National Institute for Occupational Safety and Health (NIOSH) Registry of Toxic Effects of Chemical Substances (RTECS) as one of the chief sources of information as to whether evidence of harmful health effects exists. If a substance is listed in the latest printed RTECS, the regulation applies to exposure and medical records (and analyses of these records) relevant to employees exposed to the substance.

It is appropriate to note that the final regulation does not require that employers purchase a copy of RTECS, and many employers need not consult RTECS to ascertain whether their employee exposure or medical records are subject to the rule. Employers who do not currently have the latest printed edition of the NIOSH RTECS, however, may desire to obtain a copy. The RTECS is issued in an annual printed edition as mandated by section 20(a)(6) of the Occupational Safety and Health Act (29 U.S.C. 669(a)(6)).

The introduction to the 1980 printed edition describes the RTECS as follows:

"The 1980 edition of the Registry of Toxic Effects of Chemical Substances, formerly known as the Toxic Substances list, is the ninth revision prepared in compliance with the requirements of Section 20(a)(6) of the Occupational Safety and Health Act of 1970 (Public Law 91-596). The original list was completed on June 28, 1971, and has been updated annually in book format. Beginning in October 1977, quarterly revisions have been provided in microfiche. This edition of the Registry contains 168,096 listings of chemical substances; 45,156 are names of different chemicals with their associated toxicity data and 122,940 are synonyms. This edition includes approximately 5,900 new chemical compounds that did not appear in the 1979 Registry.(p. xi)

"The Registry's purposes are many, and it serves a variety of users. It is a single source document for basic toxicity information and for other data, such as chemical identifiers and information necessary for the preparation of safety directives and hazard evaluations for chemical substances. The various types of toxic effects linked to literature citations provide researchers and occupational health scientists with an introduction to the toxicological literature, making their own review of the toxic hazards of a given substance easier. By presenting data on the lowest reported doses that produce effects by several routes of entry in various species, the Registry furnishes valuable information to those responsible for preparing safety data sheets for chemical substances in the workplace. Chemical and production engineers can use the Registry to identify the hazards which may be associated with chemical intermediates in the development of final products, and thus can more readily select substitutes or alternate processes which may be less hazardous. Some organizations, including health agencies and chemical companies, have included the NIOSH Registry accession numbers with the listing of chemicals in their files to reference toxicity information associated with those chemicals. By including foreign language chemical names, a start has been made toward providing rapid identification of substances produced in other countries.(p xi)

"In this edition of the Registry, the editors intend to identify "all known toxic substances" which may exist in the environment and to provide pertinent data on the toxic effects from known doses entering an organism by any route described.(p xi)

"It must be reemphasized that the entry of a substance in the Registry does not automatically mean that it must be avoided. A listing does mean, however, that the substance has the documented potential of being harmful if misused, and care must be exercised to prevent tragic consequences. Thus the Registry lists many substances that are common in everyday life and are in nearly every household in the United States. One can name a variety of such dangerous substances: prescription and non-prescription drugs; food additives; pesticide concentrates, sprays, and dusts; fungicides; herbicides, paints; glazes, dyes; bleaches and other household cleaning agents; alkalis; and various solvents and diluents. The list is extensive because chemicals have become an integral part of our existence."

The RTECS printed edition may be purchased from the Superintendent of Documents, U.S. Government Printing Office (GPO), Washington, DC 20402 (202-783-3238).

Some employers may desire to subscribe to the quarterly update to the RTECS which is published in a microfiche edition. An annual subscription to the quarterly microfiche may be purchased from the GPO (Order the "Microfiche Edition, Registry of Toxic Effects of Chemical Substances"). Both the printed edition and the microfiche edition of RTECS are available for review at many university and public libraries throughout the country. The latest RTECS editions may also be examined at the OSHA Technical Data Center, Room N2439 - Rear, United States Department of Labor, 200 Constitution Avenue, N.W.,

APPENDIX III

## Employee Request/Declination Form for Hepatitis B Vaccine

Employee Name: \_\_\_\_\_

Department: \_\_\_\_\_

Date: \_\_\_\_\_

I understand that due to my occupational exposure to blood or other infectious materials, I may be at risk of acquiring Hepatitis B Virus (HBV) infection. I have been given the opportunity to be vaccinated at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

At this time, I choose **NOT** to have the Hepatitis B vaccine:

Employee Signature \_\_\_\_\_

If I choose not to participate in the Hepatitis B vaccination and later decide that I would like to, I will contact my Department Director.

### **Fill this portion out only if you are requesting the Hepatitis B vaccine series**

I request the Hepatitis B vaccine:

Employee Signature: \_\_\_\_\_

I understand that by signing this request to have the vaccine series, that the City of Las Vegas is paying for the cost of my vaccine series. I also understand that if I choose to not complete the series, I will immediately come to the Human Resource Department and sign the declination form.

I also acknowledge that I have received a copy of the procedures for obtaining the vaccine series.

Washington, DC 20210 (202-523-9700), or at any OSHA Regional or Area Office (See, major city telephone directories under United States Government - Labor Department).

[53 FR 38163, Sept. 29, 1988; 53 FR 49981, Dec. 13, 1988, as amended at 54 FR 24333, June 7, 1989; 55 FR 26431, June 28, 1990; 61 FR 5507, Feb. 13, 1996; 61 FR 9227, March 7, 1996; 61 FR 31427, June 20, 1996]

## EMPLOYEE ACKNOWLEDGMENT

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I have received a copy of the City of Las Vegas, Exposure Control Plan. I understand that I am to become familiar with the contents of the handbook as it outlines my responsibilities and Municipality guidelines. If I have questions, I understand that I should talk to my Supervisor, Director, or the Safety Officer. Further, I understand that:

- ◆ This Exposure Control Plan represents a brief summary of some of the more important guidelines and that this handbook is not all inclusive;
- ◆ The City of Las Vegas retains the right to change any of the information in this Exposure Control Plan with or without advance notice and that I will be given a copy of changes;
- ◆ By signing this acknowledgement form, I accept the City of Las Vegas' Exposure Control Plan as a condition of employment;

\_\_\_\_\_  
Employee (Print Name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness (Print Name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Signed Original to be kept in employee personnel file and copy to the employee.*

